DOCUMENT RESUME

ED 064 235 SP 005 719

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TITLE Clinical Supervision: A Short Description.
INSTITUTION West Hartford Public Schools, Conn.
PUB DATE 70
NOTE 14p.

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS *Supervision; *Supervisory Activities; *Supervisory Methods; *Supervisory Training; *Teacher Supervision

ABSTRACT

This document describes clinical supervision, a method of carrying out supervision in a classroom through face to face relationships between teacher and supervisor. Clinical supervision is to improve instruction through help to the teacher. Activities include a) the supervision of actual professional activity, b) the enhancement of interactive personal contact between teacher and supervisor, and c) the analysis of teaching by both parties after observation. The clinical supervision cycle is composed of five events: preobservation session, classroom observation, strategy session, analysis session, and post-conference session. Preobservation prepares the supervisor to observe; the supervisor comes to the classroom with recording instruments during classroom observation; the strategy session plans and prepares for analysis; the analysis session enables teacher and supervisor to meet and analyze instruction; and the post-conference session analyzes the supervision. A brief summary of the relationship of clinical supervision and teacher evaluation is also presented. (MJM)

ED 064235

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CLINICAL SUPERVISION
A Short Description

by

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SP 005 119

West Hartford Public Schools
1970

TABLE OF CONTENTS

Page

FOREWORD

I What Does "Clinical Supervision" Mean? 1

II What Is The Purpose of Clinical Supervision?..... 3

III How Is It Done? 4

IV The Relationship Between Clinical Supervision and Teacher Evaluation 10

FOREWORD

The purpose of supervision is to improve instruction. There are, of course, many ways to help teachers improve their teaching effectiveness and, therefore, help children to learn more productively. But unless a teacher himself wants to improve, no amount of supervision can be useful. Nor will a teacher be really receptive to help if the supervision is threatening. The teacher is more likely to want to improve if he can share in the analysis of his teaching performance. Clinical supervision would seem to provide a way in which the teacher can do these things. And since the teacher is encouraged to place his own value judgments on his performance, the supervision is less threatening.

There may be those anxious few among us who will worry needlessly over the relationship between clinical supervision and evaluation. It would be an unusual teacher or supervisor who, after talking about a lesson, would not--consciously or unconsciously--form a judgment as to its effectiveness. But that need not throw clinical supervision into disrepute if one always keeps in mind that its purpose is to help the teacher himself and not sit in judgment on the teacher's performance.

Clinical supervision will not eliminate the periodic unscheduled visit to classrooms by the principal or department head, if for no other reason than to see how things are going. and to maintain communication with the faculty and students. These functions are within the context of general supervision.

Formal evaluation is a separate sphere from that of clinical supervision. There are points in the careers of all of us when someone must make a judgment about our performance: tenure, promotions, salary increases, etc. This determination cannot be escaped nor can it be delegated. Judgments of that kind are made in a different setting.

There are those who will object to the word "clinical" and yet, no other word more precisely describes the form of the supervision. We can only regret if to some it smacks of the operating room or the psychiatrist's couch. Those who have been through the process know better; those who have not will find out.

Finally, it should be crystal clear to the faculty and others who work with clinical supervision that it is an art as well as a science. Involved is the whole gamut of what we know about human relations. Not every principal or every teacher will at first feel comfortable as they jointly pursue the improvement of that teacher's performance. Nor will every principal and teacher be equally sophisticated in its use. Each will have to be patient with the other. The principal will need to develop skill in clinical supervision, and until he is confident of some degree of mastery he should proceed very cautiously. But he should proceed.

Each principal must become responsible for his own training in clinical supervision. Help is available. Until or unless some other better way of a principal and teacher working together to improve the teaching skills of the teacher is found, clinical supervision will ultimately be the model of supervision for the West Hartford Public Schools. Like everything else we do, its success will depend upon people of good will working together to make it work.

To James Moore and Anthony Mattaliano we owe our thanks for their precise description of clinical supervision. As the circle of our involvement grows to include the entire educational staff of the school system, we shall look back to this modest beginning and wonder how much we have learned about each other.

Charles O. Richter
Superintendent of Schools

December 1, 1970

I. WHAT DOES "CLINICAL SUPERVISION" MEAN?

The term "Clinical Supervision" was chosen by Dr. Morris Cogan to describe a particular method of carrying out supervision in the classroom. Those supervisors who believe that it is superior to other known methods of supervision and who have accepted the responsibility for putting it into practice are well aware of the problems raised by the use of the word "clinical". This word has been in wide use and has some previously established connotations which have caused some teachers, naturally enough, to reject or react to the program on the basis of hearing its name for the first time. You might ask, "Why did he choose that name, then?". Dr. Cogan chose it because it was the most accurate way to differentiate between other methods and his own specific method, and because there is no other word that comes close to describing the method accurately.

Clinical Supervision has nothing whatsoever to do with medical treatment, hospital psychiatry, or pathology. Those are some of the unfortunate connotations in some peoples' minds. Clinical Supervision has to do with face-to-face relationships of teacher and supervisor up close. It is supervision of actual professional activity - practitional behavior. It is an interactive personal contact between teacher and supervisor in which both are enhanced by the meeting. It is analysis of teaching by both parties after observation, with the analysis carried on at levels the teacher considers appropriate.

Anything that does not meet that description is not Clinical Supervision.

According to Dr. Cogan, the following are some of the basic values and rationales for Clinical Supervision:

A. Respect for the teacher as a human being is the first principle of Clinical Supervision.

B. The supervisor's role is to secure the commitment of the teacher - not to coerce. Decisions to use new ideas or techniques are the teacher's.

C. The supervisor's role is to help increase the teacher's freedom to act self-sufficiently in the classroom.

D. Clinical Supervision is primarily concerned with the teaching act, with the improvement of instruction as its ultimate objective.

E. The supervisor bases his practice first of all upon objective data about classroom interaction, drawing interpretations, assumptions and hypotheses from this data.

F. All individuals are idiosyncratic in terms of individual likes and dislikes. The supervisor is no exception. Therefore, he must present what he sees and hears to the teacher. The <u>teacher</u> makes decisions about changes in classroom teaching-learning procedures, not the supervisor.

II. WHAT IS THE PURPOSE OF CLINICAL SUPERVISION?

The purpose of Clinical Supervision is the improvement of instruction through help to the teacher.

Some specific ways that supervisors can give this assistance are:

A. Helping the teacher to expand his perception of his own teaching so that he may find his own strengths and weaknesses more readily.

B. Helping the teacher to scientifically view his own teaching so that his outward teaching behaviors are synchronized with his own inward intent. (Helping the teacher to reach his own objectives more effectively.)

C. Helping the teacher to solve whatever classroom problems he wants to solve.

Help given by supervisors is sometimes intended as a catalyst for changes in teaching behaviors. It is not amateur psychology.

III. HOW IS IT DONE?

The Clinical Supervision Cycle may be performed by:

A. One Supervisor

1. One Principal or

2. One Vice-Principal or

3. One Chairman or

4. One Teacher

B. A Supervision Team (limit should be about five)

1. Administrators or

2. Administrators and Chairmen or

3. Administrators and Teachers or

4. Chairmen or

5. Chairman and Teachers or

6. Teachers

When a team is to supervise, it is necessary that arrangements be made beforehand with the teacher(s) teaching the lesson. Many cycles are carried out by the Principal, Vice-Principal or Chairman alone in actual practice because of the difficulty in getting numbers of people free at the same time. It is hoped that teachers who are supervised will have the experience of supervising. It is not desirable to always be the supervisor, since one must be supervised to understand how it feels and to stay sensitive to those feelings. Principals and Vice-Principals are not expected to teach in a classroom situation. They are supervised at the end of a cycle in the Post-Cycle Conference (analysis of supervision) by the supervision team. Two main advantages of supervision by team over individual supervisors are: a) The Post-Cycle Conference is only possible where a team is involved. b) The Strategy Session

includes group perception. Supervisors working alone are limited to data-ordering functions in their Strategy Sessions.

I. Preobservation Session

The teacher meets with the supervisors to discuss the intent of the lesson and the strategies that will be used to reach the objectives of the lesson. This will be done with or without a written lesson plan. If there is a lesson plan, it becomes the basis for the discussion. If there is time, the teacher may decide to make changes in his lesson plan. The supervisor will not explore the possibility for change if there is not enough time to change the plan before the actual lesson takes place. One of the main objectives of the Preobservation Session is to permit the supervisor to become familiar with the intents of the teacher so that he will be more knowledgeable when he sees the lesson.

In actual practice the Preobservation Session is often omitted, due to the lack of teacher or supervisor time. The supervisor will frequently have to go into the observation "cold". Also, the practice of writing, reproducing and distributing lesson plans may cause undue hardship to the teacher or may simply be, in some cases, an extraneous procedure not worth the time or effort.

II. The Classroom Observation

The supervisor(s) comes to the classroom with recording instruments ranging from videotape to paper and pencil. In most cases the supervisor(s) should come before the lesson starts and stay for the entire lesson. How else can one comprehend the totality of the lesson? The recording instruments are used to register directly observable actions and interactions of pupils and teacher. When pencil and paper are used, the verbatim words of pupils and the teacher often make up the bulk of the supervisor's record.

The supervisor leaves at the end of the lesson for a Strategy Session which involves his organization of the notes for use with the teacher in the Analysis Session. He must not give his impression of the lesson to the teacher as he leaves the classroom since this would be supervisor judgment (quick judgment at that) and might have a negative effect on the openness of the Analysis Session.

III. The Strategy Session

The supervisor(s) returns to a quiet place to put the fragmented data into patterns. If a supervision team is involved, all members contribute. The team has the added advantage of multiple perceptions which tend to minimize individual idiosyncratic perception. Based on the overall purpose of supervision, the supervisor works out priorities, reviews previous cycles with this teacher, arranges the data in patterns, and prepares for as many eventualities as possible.

The importance given to laying out patterns is based on the educational belief that patterns, repeated verbal and ideational teaching behaviors, have a much greater effect on pupils' learning than occasional, isolated teacher inputs.

The Strategy Session is planning and preparation for the Analysis Session.

IV. The Analysis Session (analysis of instruction)

The teacher and the supervisor meet to analyze the lesson. If a supervision team is involved, only one member of the team will conduct the Analysis Session, while the other team members function as observers only.

There is no stereotype for beginning, conducting or ending the Analysis

Session. Each supervisor has his own style, growth patterns, approaches, and techniques. The general practice is for teacher and supervisor to lay out patterns which they analyze, and the discussion proceeds from that foundation. The discussion may shift to different topics, or a new pattern may be laid out when the original discussion runs its course. Here is an example:

Supervisor: What pattern do you see in these sentences you spoke in class at various points in the lesson?
"Give me one use of a number line."
"Who can tell me which of the numbers are even?"
"Show me how you can solve this problem."
"Do this homework to show me that you understand."

Teacher: I seem to be directing their activities toward me.

Supervisor: Do you think that's in line with your objective?

Teacher: I don't think so, because I want them to be more self-reliant and not working for the purpose of showing me what they can do.

Supervisor: At one point you said, "Who has a different solution?" What do you see in that statement?

Teacher: Well, that's more what I wanted. It was a more open question to begin with and I am removing the idea of the pupils telling me as the motivation for their activities.

and so forth .....

Strengths and weaknesses are explored. The session is not supposed to be one-sided or hurtful to the teacher in any way. It is supposed to be helpful and generally positive. The Analysis Session should take place as

soon as possible after the observation so that the lesson is fresh in the minds of the teacher and the supervisor. The supervisor moves with the teacher's interests, perceptions and concerns. He revises his approaches as the session goes on. He makes no criticisms. He never says, "You should have ....", or, "Why didn't you ....". Any supervisor who says such things is not using Clinical Supervision.

It is hoped that the teacher's instructional needs (as he sees them) will be met. The supervisor will generally not use all the data that he has collected, since, while he was collecting it, he had only some idea of what the teacher's priorities would be.

While even experienced supervisors still have personal preferences, the constant focus of the clinical supervisor is to increase his own ability to see so that he will come to know his own blindnesses and insensitivities.

Sometimes the session will end with a request from the teacher for assistance in replanning for tomorrow's lesson. The supervisor would welcome this and become involved in the planning. This is often the point where teacher and supervisor become aligned toward common objectives since the supervisor's role in planning gives him a vested interest in the successful outcomes of tomorrow's lesson.

V. The Post-Conference Session (analysis of supervision)

The Post-Conference Session is only possible when a supervision team has conducted the Clinical Supervision cycle. It is of enormous value to the individual supervisor conducting the Analysis Session since his performance in the Analysis Session is now analyzed. This is his opportunity for growth in Clinical Supervision skills. When the teacher has gained substantial skills

in Clinical Supervision, many supervision teams will invite him to be present so that he may contribute data on how he felt during the Analysis Session. The supervisor grows through discovering the opportunities he missed during the Analysis Session, the effect his words had on the teacher, and by seeing more closely his own idiosyncrasies, strengths and weaknesses.*

* For more information about group supervision see: M. L. Cogan, "Clinical Supervision by Groups," in The College Supervisor (forty-third Yearbook of The Association for Student Teaching), 1964.

IV. THE RELATIONSHIP BETWEEN CLINICAL SUPERVISION AND TEACHER EVALUATION

Teacher Evaluation presently encompasses four main areas:

1. Practitional behavior of the teacher in the classroom (teaching)
2. Out-of-the-classroom functions (study hall, cafeteria duty, hall duty, etc.)
3. Organizational duties (collecting money, reading notices, taking attendance, etc.)
4. Employee responsibilities (being on time, handing information in to the office on time, cooperating with administrators, attending faculty meetings, etc.)

Clinical Supervision deals with No. 1. Many administrators have neglected No. 1 and constructed Teacher Evaluations based almost solely on Nos. 2, 3, and 4. Clinical Supervision has the effect on the supervisor of focusing the main part of his attention on No. 1, which is, of course, the main reason for having an educational system.

Evaluation is inevitable and necessary to all organizations concerned with growth. In education, the word "evaluation" often implies a check-off against certain standards with little or no responsibility on the part of the evaluator to help the person evaluated to grow and overcome his weaknesses.

*Clinical Supervision says that the supervisor has responsibility for the improvement of instruction and is, therefore, at least equally being evaluated by the teacher evaluation he must inevitably write. The supervisor's own evaluation will indeed reflect his degree of impact on the quality of instruction.

The teacher and the supervisor, under these conditions, become partners in reaching instructional objectives, and teacher evaluation may assume a more positive, useful role in education.

*These last two paragraphs represent the views of the authors of this paper.